

BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS
ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

To: @ _____
@ _____
@ _____

Case Number: @ _____
Date: @ _____

Dear @:

The agency has alleged that you committed @ administrative fraud by intentionally failing to report @. This resulted in an overissuance of @ in @ totaling @.

The agency has the following evidence to support their case against you: @.

You, or your representative, may look at this evidence at the @ SRS Office, @, @, Kansas.

A HEARING has been scheduled to examine the facts of your case. The hearing will be held at:

TIME: @ _____
DATE: @ _____
PLACE: @ _____

If the hearing results in a finding that you have committed administrative fraud, it will be your @ violation. If this is your first benefits violation, you will not get benefits for TWELVE (12) MONTHS. If this is your second benefits violation, you will not get benefits for TWENTY-FOUR (24) MONTHS. If this is your third benefits violation, you will be PERMANENTLY INELIGIBLE.

Only one fraud disqualification will be considered for all food stamp program violations occurring before July 1, 1983. Only one fraud disqualification will be considered for all public assistance violations occurring before January 1990.

It is important that you, or your representative, be at the hearing. If you, or your representative, are not there, a decision will be based solely on information provided by the area SRS office. Please call the Administrative Hearings office at (785) 296-2433 if you, or your representative, cannot be at the hearing for a good reason, and we will try to get the date changed. If you fail to appear at the hearing you will have 10 days from that date to present good cause for failure to appear in order to receive a new hearing. A COPY OF THE STEPS INVOLVED IN A HEARING IS ENCLOSED.

Even though this hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for fraud in a court or from asking that you pay back in cash the value of any coupons your household was not entitled to receive. If you have any questions or need the name and phone number of someone who can give you free legal advice, if available in your area, please call: Kansas Legal Services (785) 233-2068.

I, Rochelle Chronister, Secretary of the State Department of Social and Rehabilitation Services, hereby appoint @ as the Presiding Officer in this matter.

Rochelle Chronister, Secretary of the State
Department of Social and Rehabilitation Services

Sandra L. Sharon, Presiding Officer

YOU HAVE THE RIGHT TO:

Look at the **evidence that will be used at the hearing both before and during the hearing**. You may request **free copies of the written evidence**.

Please **call the area SRS office if you wish to look at the evidence before the hearing**.

Bring your **own witnesses**.

Question any **evidence or statement made against you**.

Bring any evidence **you may have that would support your case**.

Present your **own case or have someone present your case for you, such as a lawyer, friend, relative, or community worker**.

Refuse to take the witness stand.

Ask us to delay your hearing for up to 30 days if you need more time to prepare your case. This request must be 10 days before the date of the hearing.

Request that a subpoena be issued for your witnesses to appear on your behalf.

Argue your case freely.

You may request a face-to-face hearing.

You may waive your right to your Administrative Disqualification Hearing.